

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 21, 2000 8:00 am**  
**Secretary of State**  
 09-21-2000 90002 048 \*\*\*550.00

**DOCUMENT # P95000048370**

1. Entity Name  
**RESORT CONFERENCE SERVICES, INC.**

Principal Place of Business  
**13000 SAWGRASS VILLAGE CIR  
 SUITE 28  
 PONTE VEDRA BEACH FL 32082**

Mailing Address  
**830-13 A1A NO.  
 SUITE 304  
 PONTE VEDRA BEACH FL 32082  
 US**

00101203



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**6677 SEA HARBOR DR.**

3. Mailing Address  
**5334 CENTRAL FLORIDA PARKWAY**

Suite, Apt. #, etc.  
**SUITE 200**

City & State  
**ORLANDO, FL**

City & State  
**ORLANDO, FL**

4. FEI Number **59-3323465**

Applied For  
 Not Applicable

Zip **32821** Country **USA** Zip **32821** Country **USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SMITH, PARKER B  
 13000 SAWGRASS VILLAGE CIR  
 SUITE 16  
 PONTE VEDRA BEACH FL 32082**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SCHELLER, SANFORD G 7440 FOUNDER'S WAY PONTE VEDRA BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD SCHELLER, MARJORY 7440 FOUNDER'S WAY PONTE VEDRA BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplementary report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_